APPLICATION FOR PHARMACIST'S LICENSE

State Form 36028 (R11 / 7-02)
Approved by State Board of Accounts, 2002

Health Professions Bureau
402 W. Washington St., Rm. 041
Indianapolis, Indiana 46204
hpb4@hpb.state.in.us
http://www.in.gov/hpb

INSTRUCTIONS: *Applicant: Fill out the following blanks. Type or print in ink. Return to HEALTH PROFESSIONS BUREAU at the address listed above.*

* Your Social Security number is requested as stated in I.C. 4-1-8-1.

INDICATE WHICH TEST(S) YOU WISH TO TAKE		FOR OFFICE USE ONLY	
MPJE		Receipt number	
NAPLEX		Fee	Date
SCORE TRANSFER		Certificate number	
		Date issued	C.M.

One Photograph Required
Recent head and shoulder 2"x2"
photos must be attached to application.
Photos must be of passport quality.

APPLICANT INFORMATION

Name of applicant *(first, middle, last)*			Maiden name (*if applicable*)	
Address *(number and street)*			Email address	
City, state, ZIP code			*Social Security number	
Date of birth *(mo., day, yr.)*	Place of birth *(state)*	County	Telephone number ( )	
Hours of structured externship	Hours of intern experience prior to graduation	Intern / Extern registration number	State issued	Date issued
Name of school or college of pharmacy			No. of years attended	Date graduated

I, _____ , above named, hereby swear or affirm under the penalties of perjury that the statements made by me in this application for licensure as a Pharmacist by examination are true and correct. I further pledge myself to practice the profession of pharmacy with dignity, integrity and honor and to conduct myself at all times in an ethical manner should I be granted the privilege of licensure as a pharmacist in the State of Indiana.

Signature of applicant	Date signed *(month, day, year)*

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related detail. Describe the event including the location, date and disposition. If you have had a malpractice judgment , provide the name of the plaintiff. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to the application.

1. Has disciplinary action ever been taken regarding any health license, certificate or permit you hold or have held in any state or country?	☐ Yes ☐ No
2. Have you ever been denied a license, certificate, registration or permit to practice as a pharmacist or any regulated health occupation in any state or country?	☐ Yes ☐ No
3. Are there any charges pending against you regarding a violation of any Federal, State or Local law relating to the use , manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs?	☐ Yes ☐ No
4. Have you ever been convicted or pled guilty or nolo contendre to: A. A violation or any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? B. To any offense, misdemeanor or felony in any state? (*Except for minor violations of traffic laws resulting in fines*)	☐ Yes ☐ No ☐ Yes ☐ No
5. Have you ever been denied staff membership privileges in any pharmacy or have any privileges been revoked, suspended or subjected to any restrictions, probation or other type of discipline or limitations?	☐ Yes ☐ No
6. Have you ever had a malpractice judgement against you or settled any malpractice action?	☐ Yes ☐ No

(*Continued on the reverse side*)

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Health Professions Bureau of Indiana any files, documents, records or other information pertaining to undersigned requested by the Bureau, or any of its authorized representatives in connection with processing application for licensure as a pharmacist.

I hereby release the aforementioned person, firms, officers, corporations, association , organizations, and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Health Professions Bureau of Indiana to disclose to the aforementioned persons, firms, officer, corporations, associations, organizations, Indiana State Board of Pharmacy from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

I hereby swear or affirm that I have read the above statements and agree to same.

Signature of applicant	Date (*month, day, year*)

APPLICATION FOR EXAMINATION FOR PHARMACIST'S LICENSE

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CERTIFICATE OF COMPLETION OF PHARMACY EDUCATION

☐ B.S. Pharmacy ☐ Pharm. D.

I hereby certify that _____ was admitted to the degree program in the School of Pharmacy at _____ on _____ and graduated with the professional degree noted above on _____ .

The candidate has completed _____ years as a student in the School. There is evidence in our permanent records that the person certified here has met all the requirements of Indiana Code 25-26-13-11(a) and (a)(4) by completing the professional degree program noted here, and has completed sufficient practical experience as stated in 856 - IAC 1-3.1-7 in connection with the degree program at the School _____ .

Date of Certification _____ Signed _____

_____
School of Pharmacy

School Seal

IC 25-26-13-11 (a)(3) The individual has graduated with a professional degree from a school of pharmacy accredited by the American Council on Pharmaceutical Education and approved by the Board; and

(4) the individual has satisfactorily completed either a pharmacist intern / extern or clerkship program approved by the Board 856-IAC-1-3.1-7

856 IAC 1-3.1-7 Pharmacist intern / extern; program requirements
Authority: IC 25-26-13-4
Affected: IC 25-26-13-2

Sec. 7 (a) Practical experience requirements for pharmacist interns / externs in Indiana may be satisfied by complying with either of the following:
(1) Completion of the practical experience requirements of the college or school of pharmacy from which the intern / extern has graduated, if the curriculum of the college or school has been accredited by:
(A) the American Council on Pharmaceutical Education (ACPE);
(B) the Canadian Council on Pharmacy Accreditation (CCPA); or
(C) another board-approved practical experience program.
(2) In the event the intern / extern has graduated from a nonaccredited program as outlined in subdivision (1) or has no practical experience as part of that individual's education curriculum, the intern/ extern must complete a minimum of one thousand five hundred (1,500) hours of practical experience under the supervision of a pharmacist and provide the board, prior to or concurrent with application for licensure, a written description of the objectives and duties of that experience.

(A) (b) If a candidate for licensure as a pharmacist in Indiana has been licensed as a pharmacist in another state or jurisdiction and has been engaged in the practice of pharmacy as defined in IC 25-26-13-2 for a period of not less than one (1) year, the practical experience requirement is waived.